

Chapter: Continuity of Care	Effective Date: 8/1/15
Title: Health Information Sharing	Page: 1 of 4
ACA: 4-JCF-4C-08, 4C-09	Replaces: HSP.09.01, 3/1/15

(a) **Standard.**

- (1) Appropriate continuity of care is provided to youth:
 - (A) during transport;
 - (B) during transfer to another TJJD facility;
 - (C) upon referral to a community-based health care provider;
 - (D) upon transfer to a state psychiatric hospital;
 - (E) upon transfer to the Texas Department of Criminal Justice (TDCJ); and
 - (F) upon release/discharge from a TJJD state-operated facility.
- (2) To facilitate continuity of care, written health information is provided to:
 - (A) the transporter;
 - (B) the receiving TJJD facility;
 - (C) a community-based health care provider;
 - (D) a state psychiatric hospital;
 - (E) TDCJ; and/or
 - (F) the youth or responsible adult upon youth release/discharge from TJJD.
- (3) Youth who are prescribed medication to be administered en route during transport must receive medication from a staff member who has been specifically instructed on how to administer the medication.

(b) **Procedures.**

(1) **Medication Administration During Transportation.**

- (A) Annually, or more often as needed, the **health services administrator (HSA) or designee** provides medication administration training to all statewide transportation staff assigned to the institution.
- (B) Within 24 hours before a youth leaves the facility, the **nurse** receives transportation plans and discusses medication schedules with the transport staff member (e.g., number of youth being transported, scheduled stops, number of youth prescribed medication to be administered during transport, etc.).

Note: In accordance with the medication schedule, every effort is made to administer prescribed medication at the facility before transport, at another facility en route to the final destination, or upon arrival at the final destination. If there are anticipated safety concerns due to the number of youth or other issues related to administering medication during transport, the infirmary nurse contacts the provider for orders to either hold the medication or to administer it at a designated time under safe conditions.

- (C) If medication or a health intervention is necessary during transport, the following steps must be completed. A **nurse**:
 - (i) provides the Medical Information for Student Transport form, [HLS-907](#), which includes written instructions regarding medication or health interventions required during transportation and identifies medically relevant information and/or specific precautions to be taken by staff during transport;

- (ii) reviews the above information with the transporter and both the staff and nurse sign and date the [HLS-907](#), acknowledging review and receipt of the information;
 - (iii) scans the signed HLS-907 into the Electronic Medical Record (EMR) and gives the form to the transporter;
 - (iv) provides the transporter with any medications that are prescribed to be given during transportation and the Youth Treatment Record by Non-Medical Staff form, [HLS-906](#), to document the medication administered;
 - (v) provides the transporter with a picture of the youth to aid in identification;
 - (vi) before departure, ensures that the transporter signs the Acknowledgement of Training on Medication Administration form, [HLS-971](#), acknowledging receipt of training and understanding of the instructions; and
 - (vii) provides the signed HLS-971 to the HSA for filing.
- (D) A **registered nurse** is on-site or on call 24 hours a day, seven days a week, and is therefore available to provide consultation as needed.
- (E) If the **HSA or designee** is contacted by a transporter after normal business hours due to an extraordinary situation that prevents safe administration of the medication during transport or that involves youth refusal of medication, the **HSA or designee** provides appropriate instruction and contacts the medical provider if needed.
- (F) The **nurse** receives the completed HLS-906 from the transporter upon return to the facility to verify the medication was administered.
- (G) The **nurse** documents the dose administered in the Pharmacy Replacement System (PRS) as a Custom Entry.
- (H) An **infirmarary staff member** scans the HLS-906 into the EMR.
- (2) **Referral to Community-Based Provider.**
- A **nurse**:
- (A) completes the Off-Campus Consultation Report, [HLS-120](#);
 - (B) attaches pertinent medical information;
 - (C) seals the above information in an envelope to ensure confidentiality of the health record;
 - (D) completes the HLS-907, and attaches the form to the front of the envelope;
 - (E) reviews any pertinent information with the transporter and both sign/date the form;
 - (F) keeps a copy of the HLS-907 to be scanned by infirmarary staff into the EMR;
 - (G) sends the packet of information to the community-based health care provider via the transporter; and
 - (H) follows all procedures outlined in [\(b\)\(1\)](#) if a youth requires medication during transportation.

(3) **Intra-system Transfer.**

- (A) Before transport, the **nurse** documents on the [HLS-907](#) written instructions regarding medication or health interventions required during transportation, medically sensitive conditions, and/or specific precautions to be taken by transportation staff in accordance with procedures outlined in [\(b\)\(1\)](#).
- (B) The **transporter and nurse** both sign the HLS-907.
- (C) The **nurse** scans the HLS-907 into the EMR and provides the form to transportation staff.
- (D) No more than 14 days before transfer, the **clinical case manager** or a **nurse** completes a Discharge Summary, [HLS-610](#).
- (E) The receiving facility's infirmary staff has immediate access to the youth's medical records through the EMR.

(4) **Transfer to a State Psychiatric Hospital.**

- (A) The **psychiatrist and the manager of institutional clinical services** discuss the youth's deteriorating condition and recommendation for state hospital commitment.
- (B) Two **psychiatrists** evaluate the youth and complete the Physician's Certification for the court.
- (C) The **manager of institutional clinical services or designee** notifies the local mental health authority to arrange for an assessment.
- (D) The **manager of institutional clinical services or designee** contacts the state psychiatric hospital to notify staff of the impending commitment and to inquire about bed availability.
- (E) Once steps (4)(A)-(D) are completed, the **manager of institutional clinical services** compiles all clinical and legal documents and faxes the Legal Commitment Checklist and all required documentation to the county mental health court, in preparation for the mental health hearing.
- (F) After the mental health hearing has been held and the commitment certification has been filed with the county, the **manager of institutional clinical services** collects all court papers and transfers them to the state hospital, along with the youth.
- (G) The **HSA or designee** sends an HLS-610 and the current Medication Administration Record (MAR) with the youth.

(5) **Transfer to TDCJ.**

- (A) The **TJJD Youth Records Management Specialist**:
 - (i) receives notification of the youth's transfer to TDCJ;
 - (ii) prepares a PDF file containing the health services discharge packet; and
 - (iii) within 72 hours after notification, sends the health services discharge packet (PDF file) via confidential electronic transmission to the UTMB-CMC TDCJ senior health information management manager or designee for importing into the TDCJ EMR.
- (B) The health services discharge packet includes the following documents:
 - a copy of the [HLS-610](#);
 - most recent physical examination;

- most recent dental examination;
- all laboratory test results within the past 12 months;
- immunization (ImmTrac) Record;
- most recent vision/hearing screen (including a copy of glasses prescription if applicable);
- most recent PPD with results (if results positive, include a copy of the chest x-ray and TB-400);
- most recent medical provider orders for any medication prescribed to treat a physical condition;
- all chronic care provider clinic visits (including the most recent medical provider documentation);
- most recent off-site referral/specialist appointments, if applicable;
- nursing treatment protocol(s) for current health concerns being treated by nursing staff;
- most recent Special Diet Order: Medical form, [NFS-190](#), if applicable;
- most recent psychiatric evaluation;
- last three months of psychiatric progress notes;
- most recent Psychological Intake Assessment form, [CCF-010ma](#); and
- Psychological Evaluation, [CCF-010](#), if applicable.

(6) **Release/Discharge.**

(A) No more than 14 days before release or discharge, a **clinical case manager or nurse**:

- (i) completes the HLS-610;
- (ii) discusses any follow-up treatment needs with the youth and the youth's TJJD case manager;
- (iii) requests that the youth and the youth's TJJD case manager sign the HLS-610;
- (iv) attaches a copy of the youth's immunization record to the HLS-610; and
- (v) provides both documents to the TJJD case manager for placement in the youth's portfolio.

(B) The **clinical case manager or nurse**:

- (i) documents aftercare instructions on the Medication Follow-Up Letter, [HLS-200a](#), and/or the Medical/Dental Appointment Follow-Up Letter, [HLS-200b](#);
- (ii) scans the form(s) into the EMR; and
- (iii) forwards the form(s) to the TJJD case manager for inclusion in the youth's portfolio.

(C) At the time of release, the **nurse** gives a 30-day supply of medication to:

- (i) the parent/guardian at the time of pick up at the facility;
 - (ii) the designated TJJD staff member for mailing to the parent/guardian if the parent/guardian is not present at pick up; or
 - (iii) the youth if age 18 and no contraindications have been reported to the infirmary by the TJJD case manager.
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